



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

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October 21, 2008

Robert Collette
Aspen Home Health Services
P.O. Box 3881
Idaho Falls, Idaho 83403

RE: Aspen Home Health Services, Provider #137081

Dear Mr. Collette:

On October 15, 2008, a follow-up visit of your facility, Aspen Home Health Services, was conducted to verify corrections of deficiencies noted during the survey of August 29, 2008.

We were able to determine that the Condition of Participation on Medical Social Services (42 CFR 484.34) and Comprehensive Assessment of Patients (42 CFR 484.55) is now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed, along with a full Home Health license. This license is effective October 15, 2008 through December 31, 2008.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208)334-6626.

Sincerely,

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

SC/mlw